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The ONI as a system for using indicators of need, risk and urgency to determine priority for service

The guidelines are supplementary to the NSW ONI guidelines. They are written for agencies wishing to test the use of the ONI instrument as a tool to determine priority for service. Determining priority for service is never simple. A mix of information needs to be taken into account and you cannot simply add up the bits and look at the highest score. X = 42 is not the way. Instead, the key idea is that information collected using the ONI can be brought together to determine priority for service by using a two dimensional matrix and/or the flow charts and decision-tree contained in these guidelines.

Note that low level service provision is part of the service mix for most service types, so that is why this has to be a thoughtful process.

Note also that the use of the ONI as a tool to help determine priority for service shows the logic of going beyond functional screening and assessment alone if the purpose is to be part of a bigger system.

Consumer's service priority category

The ONI is designed for use in identifying consumer needs, which are then related to other service-based demand characteristics. The purpose is to first separate out evidence of consumer need and risk from the other factors affecting service delivery. Agencies have different resource levels and there is variable demand within the target group(s) for different service types (nursing, personal care, respite, domestic assistance, transport, meals etc).

If we keep two sets of variables clearly separated, needs and risks on the one hand, and the supply of services on the other, then this suggests a way that need, risk and priority can be combined. The underlying idea is that a judgement about a consumer's priority category is driven by a combination of factors:

- The consumer's functional needs (NEED)
- Whether or not the consumer has psychosocial or other problems (NEED)
- The availability, and sustainability of, carer arrangements (RISK)

In summary:

PRIORITY FOR SERVICES = NEED + RISK

Both need and risk are picked up in the ONI. Service or agency-specific targets are then determined by the combination of resource availability and various policy decisions.

A consumer's service priority category cannot be determined until the end of the ONI process. Information from several profiles is required as outlined below.

Measuring need by using information in the ONI

Function

Function is measured in the ONI Functional Profile. This screen contains thresholds to determine whether a more thorough functional assessment is required:

- Good function The person does not need a functional assessment (as indicated by the rules in the functional profile).
- Medium All who require an assessment and who do not meet the criteria for 'low'.
- Low function A total score of less than 6 or a total for items 6 & 7 of less than 2.

Psychosocial problems

Psychosocial problems are captured in the psychosocial profile. Significant psychosocial problems are defined as:

- K10 score of 30 or more AND/OR
- No personal and social support AND/OR
- Significant family and personal relationships problems (score of 4 on both items)

All other consumers are classified as having 'no significant psychosocial problems'.

Other problems

Other problems are captured in the Psychosocial Profile, the Health Conditions profile, the Functional Profile and the Living Arrangements Profile. Significant other problems are defined as:

- Consumer mistrusts health and community service providers (Psychosocial Profile) AND
- Does not cooperate with health services (Health Conditions Profile) OR
- Significant behavioural problems (Functional Profile) OR
- Significant cognitive problems (diagnosis of dementia in Health Conditions Profile OR decision-making problems in Living Arrangements Profile)

All other consumers are classified as having 'no significant other problems'.

Measuring risk by using information in the ONI

Carer availability

This is captured in the Carer profile by the Carer Availability item.

(1) Has a Carer (2) Has no Carer (3) Not Applicable – no carer required (4) Not Applicable – the consumer is the Carer.

A carer is not required if the person can manage their activities of daily living without help.

Sustainability of carer arrangements

This is captured in the Carer profile by the carer sustainability item. Carer arrangements exist but are unsustainable without additional resources if the score is less than 4.

Using the ONI to determine priority

Priority is often thought of as one of only three levels – high, medium or low. Sometimes, extra levels are added, for example, very high and very low. The reason for requiring extra levels is that, in situations where demand is high (for whatever service-specific or consumer-specific reasons), three levels are not enough to discriminate between consumers and thus determine their priority for service.

In order to cover the whole of the target population, from those with very low needs to those with very high needs, there are **nine service priority categories** in the NSW model. This model should be used consistently across agencies because a smaller number of categories (just high, medium, low) will include too much client variation in each category to be useful for most agencies. The recommendation is to use the nine categories so that agencies can understand where a referral fits within the whole range of clients’ priorities.

Consumers in Level 1 are considered to have greater priority for service than those in Level 2 (and so on). While both need and risk can be objectively measured (see below) it is inevitable that the determination of priority for services (ie, combining need and risk) also involves the management of demand for specific types of services and within limited available resources.

There are value judgements involved in this approach and it is important to be clear about what they are from the start. For example, Figure 1 assumes that consumers with good physical function but with health, psychosocial or other problems and without a carer are a higher priority for services than those consumers who have low function but who have sustainable carer arrangements. No doubt there are many people (including carers) who would disagree.

The reason for using the ONI in this context is to capture relevant information about a consumer’s needs that helps a service provider to make these discriminating judgements with more confidence and based on good evidence. That may include both a wider screening scope than functional dependency (eg, carer, living arrangements, health conditions, psychosocial profiles) and/or more in-depth assessment of specific problems.

Figure 1 Need for community care – the nine service priority categories in the NSW model

RISK	NEED			
	Low function	Medium function		Good function but health, psychosocial or other problems
		with significant psychosocial or other problems	with no significant psychosocial or other problems	
No carer able to provide necessary care	1	1	2	5
Carer arrangements exist but are unsustainable without additional resources	3	3	4	7
Carer arrangements suitable and sustainable OR Carer not required	6	6	8	9

Further information on using the ONI to determine a consumer's priority for service

There are various ways of defining needs, risk and priority for community care. 'Need' and 'risk' are both multi-dimensional concepts and can be measured in multiple ways and with various levels of sophistication. There is no best way, only ways that are better suited to different tasks like rating urgency, raising alerts, managing risk, assigning priority for receiving services and managing waiting lists.

This Manual assumes that, at least at this stage, the community care sector (as a whole but with exceptions) is not positioned to collect anything beyond the information built into the ONI tool. Therefore, only information already incorporated into the ONI is considered here.

The idea of the ONI is simple. Its primary purpose is to screen the consumer as the first step in developing an action plan to meet their identified and documented needs. However, as a by-product, the ONI can be used to identify the information necessary to manage risks and service priorities. The idea is not to use the ONI and then, in a separate process, rate the person's priority for service by use of another unrelated tool or measure.

At this point it is important to note that the factors that drive a consumer's need for community care are different from the factors that drive the need for medical care. The need for medical care is mainly driven by disease-based factors such as the type of diagnosis and complicating factors such as psychosocial and other problems. Assessing the need for medical care involves patient characteristics that are amenable to specific therapeutic or rehabilitative interventions. Depending on the goal of care, the interventions are generally time-limited.

The technical detail

When the concepts of need and risk are applied to the previous matrix, the way that a person is assigned to one of the 9 service priority categories is shown in Figure 2. Note that, if the ONI is completed in an electronic information system, the consumer's priority level can be computer generated using the information from this figure.

Figure 2 *Technical definitions of the 9 Service Priority Categories in the NSW model*

Service Priority Category	Need	Priority	Evidence in the ONI to assign to this category
1	Low function OR Mid function with significant psychosocial or other problems	No carer able to provide necessary care	<ul style="list-style-type: none"> ▪ Low function - A total score of < 6 or a total for items 6 & 7 of < 2 AND ▪ Has no Carer OR ▪ Medium function PLUS psychosocial or other problems AND ▪ Has no Carer
2	Mid function with no significant psychosocial or other problems	No carer able to provide necessary care	<ul style="list-style-type: none"> ▪ Functional assessment, not low score AND ▪ Has no Carer
3	Low function OR Mid function with significant psychosocial or other problems	Carer arrangements exist but are unsustainable without additional resources	<ul style="list-style-type: none"> ▪ Low function - A total score of < 6 or a total for items 6 & 7 of < 2 AND ▪ Has a Carer BUT sustainability score <4 OR ▪ Medium function PLUS psychosocial or other problems AND ▪ Has a Carer BUT sustainability score <4

Service Priority Category	Need	Priority	Evidence in the ONI to assign to this category
4	Mid function with no significant psychosocial or other problems	Carer arrangements exist but are unsustainable without additional resources	<ul style="list-style-type: none"> ▪ Functional assessment, not low score AND ▪ Has a Carer BUT sustainability score <4
5	Good function but health, psychosocial or other problems	No carer able to provide necessary care	<ul style="list-style-type: none"> ▪ No functional assessment required AND ▪ Has no Carer
6	Low function OR Mid function with significant psychosocial or other problems	Carer arrangements suitable and sustainable OR Carer not required	<ul style="list-style-type: none"> ▪ Low function - A total score of < 6 or a total for items 6 & 7 of < 2 AND ▪ Has a Carer with sustainability score of 4 or 5 OR Carer not required OR ▪ Medium function PLUS psychosocial or other problems AND ▪ Has a Carer with sustainability score of 4 or 5 OR Carer not required
7	Good function but health, psychosocial or other problems	Carer arrangements exist but are unsustainable without additional resources	<ul style="list-style-type: none"> ▪ No functional assessment required AND ▪ Has a Carer BUT carer sustainability score <4
8	Mid function with no significant psychosocial or other problems	Carer arrangements suitable and sustainable OR Carer not required	<ul style="list-style-type: none"> ▪ Functional assessment, not low score AND ▪ Carer not required (availability score of 3 or 4) OR ▪ Carer sustainability score 4 or 5
9	Good function but health, psychosocial or other problems	Carer arrangements suitable and sustainable OR Carer not required	<ul style="list-style-type: none"> ▪ No functional assessment required ▪ Carer not required (availability score of 3 or 4) OR ▪ Carer sustainability score of 4 or 5

There are several reasons (including combinations) why a person might be categorised as a particular priority. The implication of taking into account multiple reasons for assigning a priority rating is important. It means that we are no longer confined to responses based on whether a person is high, medium or low, but can assign a person to a category based on both their need and risk. Both need and risk lead logically to defining the goal of care in a care plan.

Note that two consumers may have the same priority category but require different types and levels of service. For example, a person may be classified as high priority because they have low physical function and unsustainable carer arrangements. Alternately, a person may be classified as high priority because they have medium physical function and no carer. While both being high priority, they will have different goals of care will need different packages of care.

Classifying consumer needs to identify the package of care they require involves measuring their needs and risks and rating their priority for service. The goal is to identify needs for different types and mixes of services.

Another way of looking at the issue of rating a consumer's priority for services is to consider the different mix of client characteristics that might lead to assigning the same priority category. Whereas some clients might have a number of characteristics that lead them to a particular priority category, they will not always be the same as all the other clients in the same category.

The Flow Charts that follow illustrate these ideas in the form of an assignment algorithm or step-by-step decision-making tree.

The first Flow Chart begins by using the functional screen to indicate the level of functional dependency, and on the basis of that, whether to refer for assessment.

Flow Chart 2 shows the way the ONI screening items are used to assign a service priority category for people with low and medium function (ie, a higher level of need). The decision tree steps ask about carers and the nature of other problems, which have standard ONI profile-based definitions in the explanatory box.

Flow Chart 3 is for those with higher levels of function (ie, lower need for assistance), but where there may be carer and/or other problems that need to be considered.

Putting it all together – a flow chart for determining priority for community care

By following the 3 flow charts below, it is possible to allocate a consumer to a service priority category. The nine levels are indicated in numbers, with 1 representing the highest priority. The starting point presumes that the person has already met the service eligibility criteria.

Figure 3 Flow Chart 1

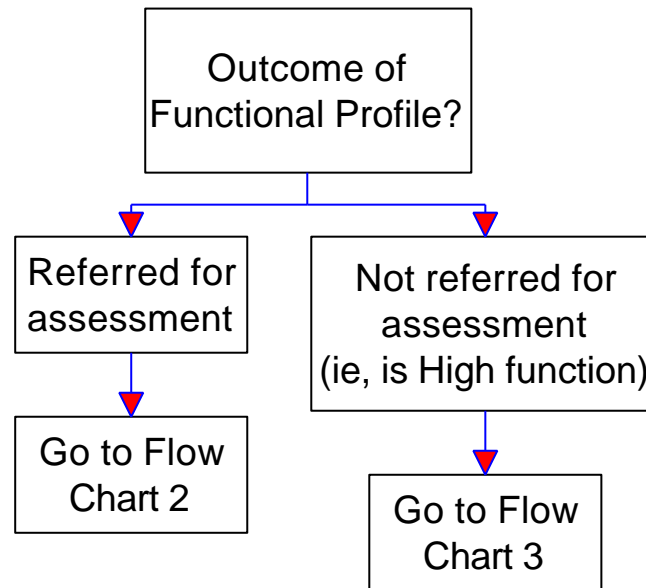
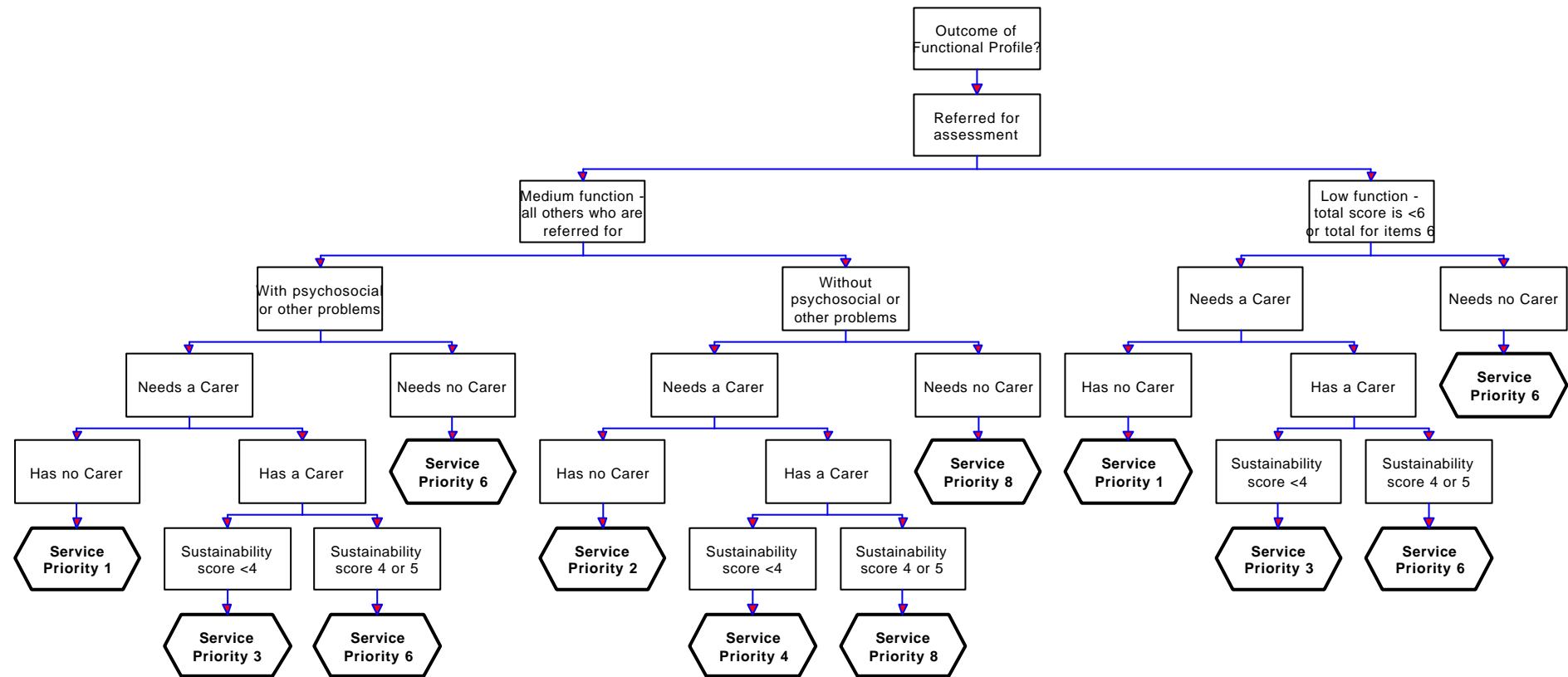


Figure 4 Flow Chart 2



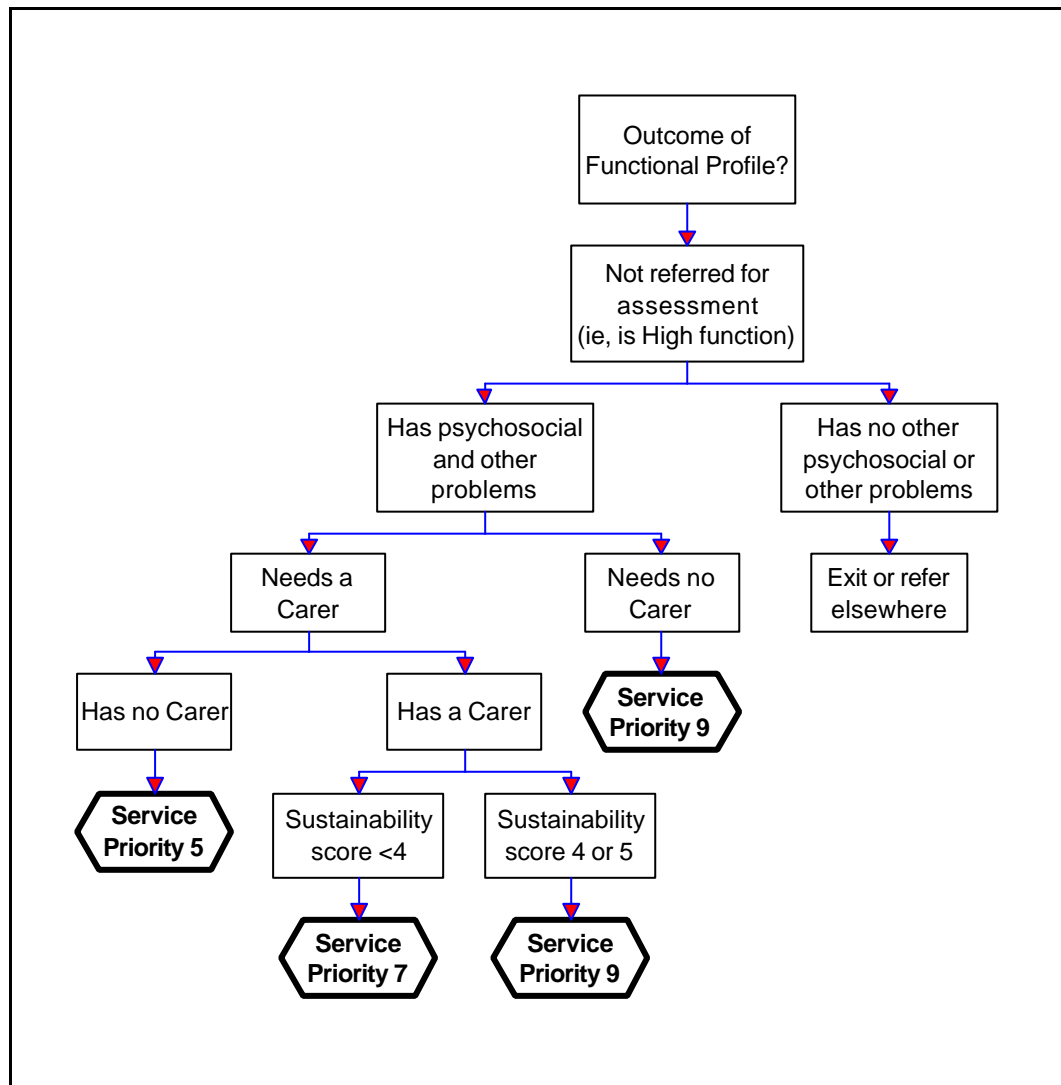
Psychosocial problems (all in Psychosocial Profile)

K10 score of 30 or more AND/OR
 No personal and social support AND/OR
 Significant family and personal relationships problems (score of 4 on both items)

Other problems

Consumer mistrusts health and community service providers (Psychosocial Profile) AND
 Does not cooperate with health services (Health Conditions Profile) OR
 Significant behavioural problems (Functional Profile) OR
 Significant cognitive problems (diagnosis of dementia in Health Conditions Profile OR decision-making problems in Living Arrangements Profile)

Figure 5 Flow Chart 3



Psychosocial problems (all in Psychosocial Profile)
 K10 score of 30 or more AND/OR
 No personal and social support AND/OR
 Significant family and personal relationships problems (score of 4 on both items)

Other problems
 Consumer mistrusts health and community service providers (Psychosocial Profile) AND
 Does not cooperate with health services (Health Conditions Profile) OR
 Significant behavioural problems (Functional Profile) OR
 Significant cognitive problems (diagnosis of dementia in Health Conditions Profile OR decision-making problems in Living Arrangements Profile)

Some people find flow charts such as those above to be easy. But some don't. The matrix below is another way of presenting the same information. In the matrix approach, you simply circle the correct service priority category.

RISK	NEED			
	Low function	Medium function		Good function but health, psychosocial or other problems
		with significant psychosocial or other problems	with no significant psychosocial or other problems	
No carer able to provide necessary care	1	1	2	5
Carer arrangements exist but are unsustainable without additional resources	3	3	4	7
Carer arrangements suitable and sustainable OR Carer not required	6	6	8	9

How could the Service Priority Category be used?

Various services participating in ONI trials in NSW and Queensland are interesting in testing the use of a standard way of determining priority for service. These include:

- Including the Service Priority Category on all referrals to assist agencies receiving referrals to determine the priority of the referral;
- Using the ONI and the Service Priority Category to manage waiting lists;
- Using Service Priority Category data to measure relative need across agencies and regions; and
- In time, setting benchmarks for each Service Priority Category. For example, an agency could set a benchmark that it will aim to provide services within 7 days to 95% of Category 1 consumers and services within 3 months to 40% of Category 6 consumers. In this approach, different agencies would set different benchmarks depending on their funding. It would also be possible, of course, for regions or funding authorities to develop their own benchmarks.

It is important to note that the Service Priority Category system is ready for field-testing, but has not been formally tested at this stage. These are ideas only and different agencies are taking different approaches depending on their own needs and circumstances.

Service Priority Profile

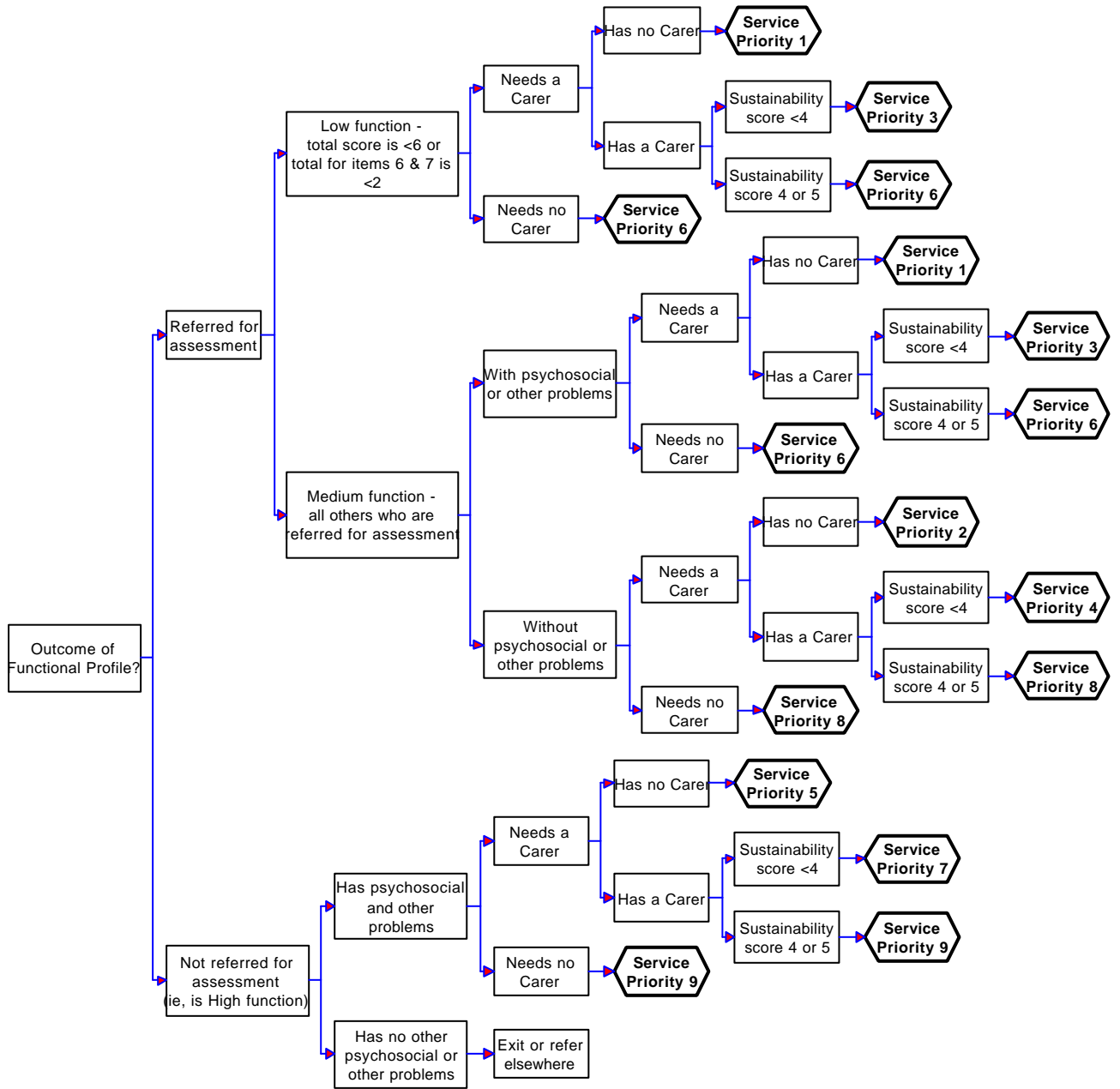
Record Unique Record Number

or affix label here

Work through this tool, circling the relevant box at each step.
 Alternately, use the matrix over the page.
 Refer to the ONI Manual for definitions of psychosocial and other problems.

Service priority category: To be completed following screening process to indicate relative priority for service

Ongoing Needs Identification SERVICE PRIORITY CATEGORY TOOL



ONI Tools

Details of person completing this page

Name _____ Designation _____ Agency _____
 Sign _____ Date _____ Contact number _____

If information needs updating, indicate below and record updated information on a new SAP

This information has been updated Date: _____
 Name: _____ Sign: _____ **SP Page 1 of 2**

Service Priority Profile

Record Unique Record Number

or affix label here

This matrix is an alternative to the tool over the page. It gives the same results. Refer to the ONI Manual for definitions of psychosocial and other problems.

Service priority category: To be completed following screening process to indicate relative priority for service	
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ONI Tools

Ongoing Needs Identification SERVICE PRIORITY CATEGORY TOOL

	NEED			
	Low function	Medium function		Good function but health, psychosocial or other problems
		with significant psychosocial or other problems	with no significant psychosocial or other problems	
RISK				
No carer able to provide necessary care	1	1	2	5
Carer arrangements exist but are unsustainable without additional resources	3	3	4	7
Carer arrangements suitable and sustainable OR Carer not required	6	6	8	9

Details of person completing this page

Name _____ Designation _____ Agency _____
 Sign _____ Date _____ Contact number _____

If information needs updating, indicate below and record updated information on a new SAP

This information has been updated	<input type="checkbox"/>	Date: _____
Name: _____		Sign: _____